DOCUMENT RESUME

ED 324 186 RC 017 800

AUTHOR Luna, G. Cajetan
TITLE AIDS and Native Youth.
PUB DATE Apr 89
NOTE 7p.; Paper presented at the Canadian Conference on AIDS and Related Issues in the Native Community (1st, Vancouver, British Columbia, Canada, April 12-14, 1989).
PUB TYPE Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Acquired Immune Deficiency Syndrome; *Adolescents; *American Indian Education; At Risk Persons; Children; *Health Education; *Sex Education; Youth; Youth Problems
IDENTIFIERS *Native Americans

ABSTRACT

Native Americans throughout North America suffer from a greater prevalence of health problems than the population as a whole. One might believe that the problem of AIDS is insignificant for Native youth, but such a belief is inaccurate and shortsighted. As of March 1989, the Centers for Disease Control reported 1,792 cases of childhood and adolescent AIDS in the United States. There are clear indications that Native children and adolescents are at risk as a population, and that certain subgroups of Native youth are at particularly high risk. Native youth who are sexually active, substance abusing, homeless, transient, or in correctional institutions are at especially high risk for HIV infection. Transient youth drifting between reservation and city form a particularly high risk bridge. Unprotected sexual activity among Native Americans places them at risk for HIV infection. Native Americans have the highest rates of sexually transmitted diseases of any U.S. population. The major fear, especially within reservation confines, is that HIV would spread rapidly once introduced, and sexually active youth would be a major target. Culturally appropriate and coordinated AIDS educational efforts should be undertaken immediately to prevent the spread of HIV among Native youth. AIDS information must be designed to meet the needs of individual youth in appropriate cultural and community context. Creative approaches using the oral tradition and youth involvement in the creation and dissemination of information may be effective. (SV)

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G. Cajetan Luna

Great diversity exists in the health status and needs of the members of over 200 separate and independent tribes of Native Americans that live in urban, rural, and reservation settings throughout North America. However, as a group, Native Americans fall victim to a disproportionate amount of illnesses and suffer from a greater prevalence of health problems than the population as a whole. High unemployment, poor housing, and other social and economic difficulties contribute to their overall health problems.

In light of these facts, the relevance of addressing Acquired Immune Deficiency Syndrome (AIDS) and Native American Youth may seem academic; especially since the overwhelming majority of AIDS cases are in adult Native Americans. In addition, other serious health problems which have historically plagued native youth still prevail. Malnutrition for example, is endemic. Health problems of special concern to native youth include diabetes, heart disease, obesity, alcohol and drug related illnesses including liver disease and cirrhosis, accident related disabilities, sexually transmitted diseases, and complications of pregnancy, childbirth and puerperium. According to the United States Indian Health Service 1989 Report, native youth also commit suicide or are the victims of homicide at rates twice as high as other youth. When focusing on their risk for AIDS one may believe that the problem is insignificant, as reliable data on how many native youth are HIV positive is unavailable and few have consequently died of the disease.

Such a belief is inaccurate and shortsighted. Although the United States Centers for Disease Control (CDC) statistics for March 1, 1989 indicate that AIDS in youth is rare, 1,196 cases were reported among those under 5 years of age, 244 cases in those between ages 5 and 12, and 352 cases in adolescents age 13 through 19. Of the total 1,792 cases of childhood and adolescent AIDS in the United States, 60 percent are male. Among 13 to 19 year olds, 288 of the 352 adolescent cases are male, or 82 percent.

There are clear indications that native children and adolescents are at risk as a population, and certain subgroups of native youth are at particularly high risk. Increase in the incidence of pediatric AIDS among Native Americans can be expected, and will occur specifically as a result of perinatal transmission. Native youth who are sexually active, substance abusing, homeless, transient, or in correctional institutions are at especially high risk for HIV infection and the subsequent development of AIDS due to behavioral factors. Transient native youth drifting from cities to and from reservations form a particiularly high-risk bridge from those currently infected to a larger number of age peers and to a larger geographical area.

AIDS cases among Native Americans have only been identified by the CDC since August 1988, and past and present misidentification of native cases into other non-native categories is likely. The total number of reported AIDS cases among American and Alaskan Native Youth in the United States, as of March 1989 was 5; 2 females and 1 male under 5 years of age; and 2 males in the age group 13 through 19. There are 8 Native American males with AIDS between 20 and 24 years of age. Since there is a two to seven year latency period from infection to the onset of clinical symptoms, it is probable that these individuals were infected in their adolescence.

Unprotected sexual behavior among Native Americans place them at risk for HIV infection. The California State Senate Hearings on Minorities and AIDS included testimony and data indicating that Native Americans have the highest rates of sexually transmitted disease of any population in the United States. For example, the native population in Arizona has a syphilis rate seven times greater than the general population. Native people in Alaska experience gonorrhea at a rate 25 times higher than the general population. According to the Indian Health Service 1989 Report, the rates of sexually transmitted disease among native adolescents are also significantly higher than among non-natives. Some active teenagers are at high risk because of their behavior and potential for exposure to the virus,

and also because their immune systems may already be compromised due to alcohol abuse and malnourishment. The major fear, especially within the confines of the reservation, is that HIV will spread rapidly once introduced, and sexually active youth would be a major target.

Culturally appropriate and coordinated AIDS educational efforts should be undertaken immediately to prevent the spread of HIV among native youth. Existing programs should be encouraged and expanded. Consideration should be given to the following issues.

- A consistent message should be given to all Native Americans, particularly children and adolescents, designed and packaged to meet the specific needs of individual youth. Most children four years of age and older have heard something about AIDS and have questions that require information that is simple and age-appropriate. In determining age-appropriateness, consideration should be given to the child's age, maturity, and past experience with the subject.

- AIDS education and prevention programs cannot inform youth about AIDS without also talking about premature sexuality, sexual identity, drugs and alcohol. Localities and tribal councils should take their own approach, in dealing with these complex issues, but they should not ignore them. Translations of interventions developed for youth in the general population are not sufficient nor effective when placed out of context in tribal communities whose literacy and culture are different.

- Because of the special stigma associated with AIDS, it is best for native youth to hear information about HIV infection stated without euphemism. Presentations should be frank and direct, in understandable terms; so that youth can act upon the information and change their behavior accordingly. One of the best ways to educate youth about AIDS is to personalize AIDS, which is hard to do when youth only hear numbers. When appropriate, age peers or elders with AIDS should be encouraged to share their experiences.

- In addition to explaining what safe sex is and is not, cultural taboos which exist must be overcome surrounding sexual activities and practices, especially condoms and their usage.

- To present an effective campaign, music, games, skits, and comic books can be particularly successful, and creative approaches using the oral or spoken tradition should be employed in AIDS education. Due to literacy and educational variances, non-print educational materials should be promoted. District dinners and tribal fairs should be used for information and educational purposes and should target native youth.

- When developing the message, native youth should be involved in the conception, the creation, and the dissemination of the information. In this way the materials are not only culturally sensitive to tribal concerns, customs, and folklore, but appropriate for the specific developmental needs and personal interests and questions of native youth.

Finally, irrationality and malice must be confronted. Babies with AIDS are being abandoned by their parents, and children isolated and kept out of school. HIV infected teenagers oftentimes face the condemnation of their family and/or peers. Native communities must be mobilized for AIDS education and prevention. For those native youth who are HIV positive or who develop AIDS, extended family, elders, and other tribal members should be engaged if possible to provide direct assistance and support; and efforts made to diminish fears, and resolve existing value conflicts. Clearly we cannot underestimate the social, cultural, and economic affect the AIDS pandemic will have on Native American Youth. Carefully developed educational interventions at this juncture are the most important actions which can be taken.

SUGGESTED READINGS

1. Report of the Surgeon General's Workshop on Children with HIV Infection and Their Families. Philadelphia, PA: U.S. Department of Health and Human Services 1987.

2. Quackenbush, M. and Villarreal, S. Does AIDS Hurt? Educating Young Children About AIDS. Santa Cruz, CA: Network Publications 1988.

3. California Legislature Senate Committee on Health and Human Services. AIDS in Minority Communities. Los Angeles, CA: State of California 1987.